

**CANDIDATE OATH  
STATE AND LOCAL PARTISAN OFFICE  
WITH PARTY AFFILIATION**

RECEIVED  
2024 JUN 11 AM 11:07  
SUPERVISOR OF ELECTIONS  
HERNANDO COUNTY, FL

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot:

Doug Chorvat

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of

Clerk of Circuit Court & Comptroller

(Office)

(District #)

5th

(Circuit #)

(Group or Seat #)

I am a qualified elector of

Hernando

County, Florida;

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

**Statement of Party**

I swear or affirm that I am a member of the Republican Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

**Statement of Outstanding Fines, Fees, or Penalties**

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do ☐ NO, I Do Not ☒

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature]

Signature of Candidate

(352) 585-2717

Telephone Number

dchorvat@gmail.com

Email Address

225 May Ave

Address of Legal Residence

Brooksville

City

FL

State

34601

ZIP Code

STATE OF FLORIDA

COUNTY OF Hernando

[Signature]

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☒

this 11 day of June, 2024

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_



KAYLEIGH GATES  
Commission # HH 342825  
Expires December 19, 2026

### Phonetic Spelling of Name

**Phonetic spelling for the audio ballot** (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see Instructions on page 3 of this form):

Dug Kor-vawt

2024 JUN 11 AM 11:08

### Statement of Outstanding Fines, Fees or Penalties

**Pursuant to Section 99.021(1)(d), F.S.**, each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

### Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is \_\_\_\_\_, I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is \_\_\_\_\_. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate : \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF Hernando

\_\_\_\_\_  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means  
of online notarization ☐ OR physical presence ☒

this 11 day of June, 2024

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_



KAYLEIGH GATES  
Commission # HH 342825  
Expires December 19, 2026